

Example of Optional Nursing Assessment Worksheet for PCS-Plus for Case 3

North Carolina Division of Medical Assistance (DMA) Optional Nursing Assessment Worksheet for PCS-Plus

Case 3

Medicaid Recipient Name: Frances Feltbeiter	Date of Assessment: 11-1-03
Assessment Completed by: Rene' Realnurse, RN	Agency Name: Best Care, Inc.

The DMA-3000 provides a general evaluation of the client's medical and functional health (ADL/IADL) needs. This Optional Nursing Assessment Worksheet documents medical/nursing needs that may qualify the client for PCS-Plus services. Please note observations that document the client's condition specific to the criteria. A provider agency may choose to use its own forms in lieu of the Optional Nursing Assessment Worksheet to document the client's qualification for PCS-Plus. Forms used in lieu of the Optional Nursing Assessment Worksheet must clearly document assessment observations that specify individual client needs in identified PCS-Plus criteria.

Category	Description (Observation: specify)	Diagnosis (medical & nursing indicators)
Cognitive/Perceptual Orientation, memory, judgment, sensory deficits, developmental, emotional status, behavioral, seizures, pain, vision, hearing	Alert + oriented x 3. Has anxiety during transfers & reports some problems sleeping. Arthritic pain (severe) - rates 7 on scale 1-10, moderate relief w/ meds. Problems w/ mobility 20 pain	Arthritis (severe) mild insomnia glaucoma alteration in comfort PAIN
Nutrition/Metabolic Diet, type and method (oral, enteral, parenteral), appetite, eating problems, swallowing, weight changes, skin integrity NA II Task: <input checked="" type="checkbox"/>	No weight loss reported. Eats low salt diet and understands. Appetite good per patient. No skin breakdown/irritation.	Low salt diet - NA II Task: <input checked="" type="checkbox"/>
Elimination (Bowel/bladder) Digestive problems, constipation, use of laxatives/enemas, continence (frequency) and continence management, catheter (type and frequency), ostomy (type/care) NA II Task: <input checked="" type="checkbox"/>	Bm regular. Hx constipation, uses OTC lax & relief. Incontinent of urine @ times due to stress and problems w/ transfer.	mild, intermittent constipation. Incontinence potential skin breakdown NA II Task: <input checked="" type="checkbox"/>
Activity/Exercise Activity, ambulatory status/assistance, assistive devices, bed mobility, paralysis, weakness, history of falls, pain, musculoskeletal	Up & max assistance, walker. Can transfer to BSC LWC & pain. Hx falls 1 fx wrist @ yr ago. Can move/turn in bed & pain. No stiffness.	immobility/pain 20 to arthritis
Respiratory COPD, respiratory status, use of O ₂ (type/method/frequency), dyspnea, SOB, history of asthma, TB,	Lungs clear, resp 18 + reg. smoked 2p/day until 1996. Denies SOB. Skin - w/d.	NA II Task: <input checked="" type="checkbox"/>
Cardiovascular Heart disease, pacemaker, blood pressure, pain	pulse 88 + reg. BP 150/90. mild edema ankles, PPP.	Hypertension
Medications/Medical Treatment/Monitoring	Multiple arthritic meds & myriad effects/problems & pain management, anti-anxiety, sleep meds, xalatan gls - glaucoma, HIN.	Arthritis & severe pain anxiety hypertension